## **State Laboratory Institute**

## DRAFT

## **Quality Assurance Department**

## **Test Report Change Request**

1. Date:	2. Supervisor:	3. Laboratory:
4. Describe the reason for the change request (if due to corrective action, list corrective action #):		
5. Describe which test reports will be affected:		
6. How soon is this cha	nge needed? within 6 months	within 12 months within two weeks
7. Laboratory Director Review / comments Name: Date:  Approved as submitted?YesNo, see comments for revisions to request Comments:		
Name:	Date:  Date:  Particle of Part	QA log ID TRC-
9. LIS Director Review Name:  Approved as submitte  Yes No  Comments:	Date:	QA Office, room 454)

Attach copies of how you expect the report to look if the change is implemented along with copies of current reports to show the differences. QA log ID will be a three digit ID assigned to the request by QA. It will be used to track the status of the request. 3/20/06 PDN